

DIRECTIVE

WORKFORCE INVESTMENT ACT

Number: WIAD05-12

Date: January 12, 2006
69:136:jw:9147

TO: WORKFORCE DEVELOPMENT COMMUNITY

SUBJECT: TRANSFER OF FUNDS FOR ADULT AND DISLOCATED WORKER PROGRAMS

EXECUTIVE SUMMARY:

Purpose:

This directive supersedes transfer information contained in Workforce Investment Act (WIA) Directive WIAD04-7, dated September 22, 2004. This directive addresses the transfer policies for the Program Year (PY) 2004-05 and PY 2005-06 adult and dislocated worker funds. Training and Employment Guidance Letter (TEGL) [23-04](#), dated March 25, 2005, states the Appropriations Act of 2005 kept the transfer limit at 30 percent for PY 2005-06 funds. The transfer request, budget, and participant forms are provided as an Internet link to this directive.

Scope:

This directive applies to all Local Workforce Investment Boards (LWIB) that transfer any adult and dislocated worker funds.

Effective Date:

This directive is effective on date of issue.

REFERENCES:

- WIA Section 133(b)(4)
- Code of Federal Regulations, Title 20 (20 CFR) 667.140
- Department of Labor (DOL) TEGL 23-04, Fiscal Year (FY) 2005, Congressional Rescissions for the WIA Adult and Dislocated Worker Programs, WIA Allotments for PY 2005; Additional Funding from WIA Section 173(e) for Adult/ Dislocated Worker Activities for Eligible States; Wagner-Peyser Act Preliminary Allotments for PY 2005; Reemployment Services, Workforce Information Grants to States for PY 2005; and Work Opportunity Tax Credit (WOTC) and Welfare-to-Work (WtW) Tax Credit Allotments for FY 2005 (March 25, 2005)

STATE-IMPOSED REQUIREMENTS:

This document contains some State-imposed requirements. These requirements are indicated by ***bold italic*** type.

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FILING INSTRUCTIONS:

This directive supersedes WIA Directive WIAD04-7, dated September 22, 2004 and finalizes WIA Draft Directive WIADD-102, issued for comment on September 6, 2005. The Workforce Investment Division received one comment during the draft comment period. This final directive incorporates the substantive comment that is viewed as highlighted text. The highlighted text will remain on the Internet for 30 days from the issuance date. Retain this directive until further notice.

BACKGROUND:

The WIA allows the transfer of funds to maximize participant outcomes of the adult and dislocated worker programs. The transfer of PY 2004-05 adult or dislocated worker funds was limited to 30 percent of the total for each funding streams. The DOL, in TEGL 23-04 dated March 25, 2005, retained the transfer limit at 30 percent for adult and dislocated worker PY 2005–06 funds, applicable for the life of the funds. Transfer limits for PY 2006-07 funding and beyond have yet to be determined and will be dependent on Congressional decisions.

POLICY AND PROCEDURES:

The WIA Final Rule Section 667.140(b) states that, before making any funds transfer, a Local Workforce Investment Board (LWIB) must obtain the Governor's approval. The Employment Development Department has been given the authority to approve transfers on behalf of the Governor. The LWIB may make single or multiple transfers of funds between adult and dislocated worker programs provided that the LWIB adheres to the 30 percent limit.

Funds transferred must stay within the original year of allocation. They must also stay within the allocation time period of July 1 through September 30 (grant codes 201 and 501) or October 1 through June 30 (grant codes 202 and 502). The LWIBs must ensure that the funds are not overdrawn during the time a transfer takes place. If this condition occurs, the transfer will not be approved.

Transfer requests can be submitted anytime during the two-year life of the funds except during May and June of the second year of availability. However, if during the first year life of the funds a transfer request is received between May 1 and June 30, the transfer will be reviewed and processed in the following fiscal year. If the funds are in the second year life and a transfer request is received after April 30, the transfer will not be processed and will be returned to the originator.

Transfers Allowed:

- Not more than 30 percent of the adult or dislocated worker funds for PY 2004–05 may be transferred between each of these funding streams.
- Not more than 30 percent of the adult or dislocated worker funds for PY 2005–06 may be transferred between each of these funding streams.

Transfers Not Allowed:

With the implementation of WIA, the DOL provides funds to the State in two separate allotments. The DOL requires that each allotment be tracked separately. For the first allotment of funds, the State uses grant codes 201 (Adult) and 501 (Dislocated Worker) and for the second allotment of funds, uses grant codes 202 (Adult) and 502 (Dislocated Worker). In order to keep these allotments separate, transfers cannot occur between grant codes 501 and 202, or 502 and 201.

Procedures:

The LWIB must submit transfer requests in writing to the appropriate Regional Advisor. All requests must contain the reason(s)/rationale for the transfer, including effects on local services and proposed changes to the local plan. The State will consider the following factors in its review of transfer requests:

- Changes in planned services to eligible participants
- Unexpected layoffs requiring additional funds
- Changes in the goals for serving eligible participants
- Changes in labor market conditions
- Effect of transfer on jointly funded employment and training programs in One-Stop Career Centers
- Effect on existing agreements for the delivery and/or coordination of employment and training services
- Effect on current State and Local Workforce Investment Area (LWIA) employment and training systems
- Effect on the employment and training needs of eligible participants in the LWIA

All transfer requests must be approved and signed off by the LWIB and reflected in the local plan of each LWIA. The “Sunshine Provision,” WIA Section 117(e) requires the local board to make available to the public, on a regular basis through open meetings, information regarding the activities of the local board. The LWIB must make the transfer request a specific board agenda item with public comment time available.

New local plan funding amounts will need to be computed based on the completed funds transfer. The local plan will have the new budget and participant forms included as the performance baseline. Though the local plan may reflect a planned transfer, approval of the transfer must still be requested on the appropriate transfer request forms. Approval of the local plan does not constitute approval of the transfer.

Three documents that must be submitted in order to request a transfer:

1. **Transfer Request Form (*Attachment 1*)**—This form describes who is making the request, the transfer amount, and why the transfer is being requested. This document requires signature approval of the designated LWIB representative.
2. **Title IB Participant Plan Summary (*Attachment 2*)**—This form shows the revised participant plan after the funds transfer has taken place.
3. **Title IB Budget Plan Summary (*Attachment 3*)**—This form shows the transfer of funds using the plus and minus format. One form is needed for each transfer of funds in two separate grant codes or years.

The assigned Regional Advisor will review the transfer request forms to validate the need for the transfer. On approval of the transfer request, the Workforce Investment Division (WID) Financial Management Unit will unilaterally transfer the funds within the LWIA master subgrant. This entire process will be completed as quickly as possible after receipt of the transfer request. The WID will then forward a completed copy of the subgrant package to the LWIB.

MAIL: Attn: (Name of Regional Advisor)
Workforce Investment Division, MIC 50
Employment Development Department
P.O. Box 826880
Sacramento, CA 94280-0001

COURIER SERVICE/
OVERNIGHT MAIL: Attn: (Name of Regional Advisor)
Workforce Investment Division, MIC 50
Employment Development Department
800 Capitol Mall
Sacramento, CA 95814

ACTION:

Make the appropriate LWIA policy, administrative, and fiscal staff aware of this directive.

INQUIRIES:

Direct all technical questions regarding this directive to your [Regional Advisor](#) at (916) 654-7799.

/S/BOB HERMSMEIER
Chief
Workforce Investment Division

Attachments

TRANSFER REQUEST

1. LWIA Name _____ Transfer Request No. _____
2. Subgrant Number _____
3. Program Year _____ Grant Codes _____
4. Direction of Transfer
 - ☐ Adult (201/202) to Dislocated Worker (501/502)
 - ☐ Dislocated Worker (501/502) to Adult (201/202)
 - ☐ State Recaptured/Reallocated Dislocated Worker Funds (503 to 203, if available)
 - ☐ State Recaptured/Reallocated Adult Funds (203 to 503, if available)
 - ☐ Federal Reallotted Dislocated Worker Funds (504 to 204, if available)
 - ☐ Federal Reallotted Adult Funds (204 to 504, if available)
5. Amount of Transfer _____
6. Reason for Transfer (Include effects on local services and proposed changes to the local plan.)
7. Date of LWIB Meeting to Discuss Transfer _____
8. Print Name of LWIA Administrator/Designee _____
9. "I certify this transfer request was approved at the LWIB meeting date of _____".
10. Signature of LWIA Administrator/Designee _____
11. Contact Person _____
12. Telephone Number _____
13. Date of Request _____

[Form in MS Word](#)

Transfer Request Form

- Line 1. Enter the Local Workforce Investment Area (LWIA) Name. Enter the transfer request number for reference purposes. If this is your LWIA's first transfer request enter 01; subsequent requests are 02, 03, etc.
- Line 2. Enter the Subgrant Number.
- Line 3. Enter the Program Year and the grant codes for the transfer.
- Line 4. Check the appropriate block regarding the direction of transfer.
- Line 5. Provide the amount of the transfer. Do not include any amount previously transferred.
- Line 6. Provide the reason(s) for the transfer along with any other pertinent data. Enter the data in the box provided.
- Line 7. Enter the date of the Local Workforce Investment Board (LWIB) meeting during which the transfer request was a specific agenda item with public comment time made available. This is needed to fulfill the "Sunshine Provision" requirement.
- Line 8. Print the name of the LWIA Administrator/Designee with authority to sign for the request.
- Line 9. Have the LWIA Administrator/Designee sign the form.
- Line 10. Provide the name of the contact person for reference.
- Line 11. Provide the telephone number of the contact person for reference.
- Line 12. Enter the date of the request.

TRANSFER REQUEST PARTICIPANT PLAN

LWIA: _____

Date: _____

TITLE IB PARTICIPANT PLAN SUMMARY

WIA 118; 20 CFR 661.350(a)(13)

Enter the number of individuals in each category.

Totals for PY 20__	ADULT	DW	OY	YY
1. Registered Participants Carried in from PY 20__				
2. New Registered Participants for PY 20__				
3. Total Registered Participants for PY 20__ (Line 1 plus 2)				
4. Exiters for PY 20__				
5. Registered Participants Carried Out to PY 20__ (Line 3 minus 4)				

PROGRAM SERVICES

6. Core Self Services				
7. Core Registered Services				
8. Intensive Services				
9. Training Services				

SKILL ATTAINMENT

10. Attained a Skill/Goal				
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EXIT STATUS

11. Entered Employment				
11A. Training-related				
11B. Entered Postsecondary/Advanced/Credential Program				
12. Remained with Layoff Employer				
13. Entered Military Service				
14. Entered Advanced Training				
15. Entered Postsecondary Education				
16. Entered Apprenticeship Program				
17. Attained High School Diploma/GED				
18. Returned to Secondary School				
19. Exited for Other Reasons				

Contact Person, Title

Telephone Number

Date Prepared

Comments:

[Form in MS Excel](#)

INSTRUCTIONS FOR COMPLETING THE TITLE 1B PARTICIPANT SUMMARY

Totals for Current Program Year
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- Line 1. Enter the number of registered participants carried in from the prior program year for each funding stream.
- Line 2. Enter the new total of registered participants for the program year after funds have been transferred.
- Line 3. This line will auto-fill when using the worksheet from the directive.
- Line 4. Enter the number of planned exiters for the program year.
- Line 5. This line will auto-fill when using the worksheet from the directive.

Program Services:

- Line 6. Enter the number of participants that will receive core self services.
- Line 7. Enter the number of participants that will receive core registered services.
- Line 8. Enter the number of participants that will receive intensive services.
- Line 9. Enter the number of participants that will receive training services.

Skill Attainment:

- Line 10. No entry is needed.

Exit Status:

- Line 11. Enter the number of participants who began employment.
- Line 11A. Enter the number of participants who have employment that is training-related.
- Line 11B. Enter the number of participants who began employment in a post-secondary/ advance/credential program status.
- Line 12. Enter the number of dislocated worker participants that remained with the layoff employer.
- Lines 13-18. No entry is needed.
- Line 19. Enter the number of participants that exited for other reasons.

Complete the contact person name, title, telephone number and date prepared. Use the comments block as necessary.

TRANSFER REQUEST BUDGET PLAN

LWIA: _____

Date: _____

TITLE IB BUDGET PLAN SUMMARY (Adult, Dislocated Worker or Recaptured Funds)

WIA 118; 20 CFR 661.350(a)(13)

Grant

☐ 201☐ 501☐ 503/504

Code

☐ 202☐ 502☐ 203/204

FUNDING IDENTIFICATION		Subgrant #	
1. Year of Appropriation			
2. Formula Allocation			
3. Allocation Adjustment- Plus or Minus			
4. Previous Amounts Transferred			
5. Current Amount to be Transferred			
6. TOTAL FUNDS AVAILABLE (Lines 2 thru 5)			
TOTAL ALLOCATION COST CATEGORY PLAN			
7. Program Services (Lines 7A through 7E)			
A. Core Self Services			
B. Core Registration Services			
C. Intensive Services			
D. Training Services			
E. Other			
8. Administration			
9. TOTAL (Lines 7 plus 8)			
QUARTERLY TOTAL EXPENDITURE PLAN (Cumulative)			
10. September 20__			
11. December 20__			
12. March 20__			
13. June 20__			
14. September 20__			
15. December 20__			
16. March 20__			
17. June 20__			
18. September 20__			
19. December 20__			
20. March 20__			
21. June 20__			
COST COMPLIANCE PLAN (maximum 10%)			
22. % for Administration Expenditures (Line 8/Line 6)			

Contact Person, Title

Telephone Number

Date Prepared

Comments:

[Form in MS Excel](#)

INSTRUCTIONS FOR COMPLETING THE TITLE IB BUDGET PLAN SUMMARY

Insert check marks in the appropriate grant code areas.

Funding Identification

Enter the subgrant number in the area provided.

- Line 1. Enter the year of appropriation for the Adult or Dislocated Worker funding stream.
- Line 2. Enter the amount of formula funds originally allocated to your local area.
- Line 3. Enter the amount of any prior adjustments using the plus or minus format. If funds were recaptured then enter amount recaptured here as a negative value.
- Line 4. Enter the previous amounts transferred.
- Line 5. Enter the current amount to be transferred.
- Line 6. This line will auto-fill when using the worksheet from the directive.

Total Allocation Cost Category Plan:

- Line 7. This line will auto-fill from amounts entered on lines 7A – 7E when using the worksheet from the directive.
- Line 7A-7E. Enter the amount of funds to be spent on program services for each funding stream.
- Line 8. Enter the amount of administrative expenditures.
- Line 9. This line will auto-fill from amounts entered on lines 7 and 8 when using the worksheet from the directive.

Quarterly Total Expenditure Plan (cumulative):

- Lines 10 through 21. Enter the amount of funds expended for each quarter for each funding stream and fill in year.

Cost Compliance Plan:

- Line 22. This line will auto-fill when using the worksheet from the directive. The amount must be less than or equal to 10 percent of line 6.

Complete the contact person, title, telephone number and the date prepared. Use the comments block as necessary.